Case 1:01-cr-00131-SHR Document 86 Filed 07/13/2006 Page 1 of 1

| CAN TO US I CONTRACTOR OF THE CONTRACTOR | | | | | | | VOUCHER NUMBER | | | | |
|--|---|--|---|---|------------------|--|--|----------------------|---|-----------------|--|
| | M. CODE | | epresented s, Synedo Michael | | | | | | | | |
| 3. MA | G. DKT./DEF. NUMBEI | R | 4. DIST, DKT/DEF, NUMBER 1:01-000131-001 | | S. APPE | S, APPEALS DKT/DEF, NUM | | 6. OTHER DKT. NUMBER | | | |
| 7. IN (| CASE/MATTER OF (C | ase Name) | 8. PAYMENT C. | ATEGORY | "" | 9, TYPE PERSON REPRESENTED | | | 10. REPRESENTATION TYPE (See Instructions) | | |
| U.S. v. Williams Felony | | | | | Adı | Adult Defendant Criminal Case | | | | se | |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Suction) 11. 18 1341, F FRAUDS AND SWINDLES Timore than one offense, list (up to five) insport offenses charged, according to severity of offense. | | | | | | | | | | | |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS 13. COURT ORDER C Co-Counsel D Subse For Relained Attorney | | | | | | | | | | | |
| AND MAILING ADDRESS | | | | | | F Subs For Federal Defender R Subs For Relained Attorney | | | | | |
| Daniels, Robert J. 36 South Hanover Street | | | | | | N P Subs For Panel Attorney Y Standby Counsel Prior Attorney's Name: PYFER, JOHN F. JR. | | | | | |
| Carlisle PA 17013 | | | | | | Appointment Date: 12/06/2005 | | | | | |
| | | | | | | lecause the above-named person represented has testified under eath or has ulterwise satisfied this court that he or she (1) is linancially unable to employ coursel and | | | | | |
| Total and Number | | | | | | (2) those not wish to waive comusel, and because the inferests of instice so regular, the | | | | | |
| Telephone Number: 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) of the second s | | | | | | | | | | | |
| 14. NAME AND MAILING ADDRESS OF LAW TRAIT (May Property of Color (See Instructions) | | | | | | | | | | | |
| | | of Presiding Juliefal Officer or By Order of the Court | | | | | | | | | |
| | | | | | | O7/11/2006 Nume Pro Tune Date | | | | | |
| Repayment or partial repayment urdered from the person represented for this service at time of appulatusent. NO | | | | | | | | | | | |
| DESCRIPTION OF THE PROPERTY OF | | | | | | | | | | | |
| Siddle. | one and a discussion of the comment | r de Milliothiae dieta L. Mill di | akalin di dan ke dan di dan 196 | 2000 C. | | TOTAL | MATH/TECH | MATIL | /ТЕСН | ADDITIONAL | |
| Ì | CATEGORIES (Attac | h itemization of s | ervices with dates) | | HOURS CLAIMED | AMOUNT CLAIMED | ADJUSTED HOURS | ADJU AMO | | REVIEW | |
| | + A swalanmout und | lor Dlag | | | | | | | | · | |
| 15. | a. Arraignment and/or Plea | | | | | | | | | | |
| | b. Bail and Detention Hearings | | | | | | | | | | |
| 1 | c. Motion Hearings | | | | | | | | _ | | |
| n | d. Trial | | | | | | | | | | |
| C | e. Sentencing Hearings | | | | | | | *** | | - | |
| ü | f, Revocation Hearings | | | | | | | | | | |
| ŧ | g. Appeals Court h. Other (Specify on additional sheets) | | | | | | | | | | |
| | | | | | | | | | it inner 2007 to the | | |
| Щ | (Rate per hour = S) TOTALS: | | | | | | | 74 | | | |
| 16. O | | | | | | | | | | | |
| μ̈́ | b. Obtaining and re | | | | | | | | | | |
| 9 | c. Legal rese arch and brief writing | | | | | | | | | | |
| $\begin{vmatrix} \dot{c} \end{vmatrix}$ | d. Travel time | | | | | | | | | , ., | |
| 1 o | c. Investigative and Other work (Specify on additional streets) | | | | | | | | | | |
| i | (Rate per hou | r=\$ |) TO | TALS: | | | Marine Pro | ļ | | | |
| 17. | Travel Expenses | (lodging, parki | ig, meals, mileage, e | tc.) | | | | | | | |
| 18. | Other Expenses | (other than exp | ø | | | | | | | | |
| | in the second | | | 1 2 2 2 A | | | | | | | |
| 19. | CERTIFICATION OF A | TTORNEY/PAY | EE FOR THE PERI | OD OF SERVI | ICE | 20. APPOINTME | NT TERMINATION AN CASE COMPLI | DATE ETION | 21. CAS | SE DISPOSITION | |
| | FROM | T | O | | | 11 011111111111111111111111111111111111 | | | | | |
| 22. CLAIM STATUS Urinal Payment Unterim Payment Number Supplemental Payment Supplemental Payment YES NO If yes, were you paid? YES NO If yes, were you paid? | | | | | | | | | | | |
| Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other shurce in connection with this | | | | | | | | | | | |
| representation? DYES DNO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. | | | | | | | | | | | |
| Signature of Attorney: Hate: | | | | | | | | | | | |
| AV OF OR PAYMENT - COURT USE ON | | | | | | | | | | | |
| 23. | IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL E | | | | EL EXPENSE: | 5 26. OTH | OTHER EXPENSES | | 27. TOTAL AMT, APPR/CERT | | |
| | | | | | | | | | | | |
| 28. | SIGNATURE OF THE F | CNATURE OF THE PRESIDING JUDICIAL OFFICER | | | | DATE | DATE | | 28a. JUDGE / MAG. JUDGE CODE | | |
| - | | | | | et nymesen | 22 OTH | 22 OTHER EVERNORS | | 12 TOTAL AND ADDODED | | |
| 29. | IN COURT COMP. | COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EX | | | | 34. 0131 | 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED | | | AMI. APPROVED | |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. | | | | | | DATE | DATE | | | 34a. JUDGE CODE | |
| [~" | approved in excess of the sta | | | | | | | | | | |